



REMITTANCE FORM

Name of Church/Individual _____

Donation specification:

Budget (MC Sask & MC Canada) \$ _____

Camps Elim Shekinah YFBC \$ _____

Schools RJC CMU AMBS \$ _____

Nationwide priorities:

Witness specified _____ \$ _____

Indigenous-Settler Relations \$ _____

CommonWord \$ _____

Canadian Mennonite \$ _____

Registration _____ \$ _____

Sask WIM _____ \$ _____

Other _____ \$ _____

_____ \$ _____

Total \$ _____

****Please make all cheques payable to MC Sask****

For Office use only:

Date _____ Cheque # _____ Square PayPal

Signature _____

CC Invoice Coffee Reg. _____



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